2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

ANNUAL REPURI				Jan 25, A	2000 00:00
1. Entity Nam	MENT # P950000393 ÖRLD, INC.	96		s Secre	etary of State
Principal Plac 728 VIRGINI/ ORLANDO, F		Mailing Address 728 VIRGINIA DRIVE ORLANDO, FL 32803			
D	OO NOT WRITE	IN THIS SPA	CE	01182008 No Chg-P CR2 4. FEI Number 59-3326924 5. Certificate of Status Desired	E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					Fee Required
QUAID, TOMMY A 2059 WOODLAWN DRIVE ORLANDO, FL 32803			DO NOT WRITE IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the tions of registered agent.	ne purpose of changing its register	ed office or register	ered agent, or both, in the State of Florida. I a	m familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	tille if applicable (NOTE: Registere	d Agent signature required	ed when reinstating) DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		5.00 May Be ided to Fees	
10.	OFFICERS AND DI	RECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUAID, TOMMIE 2059 WOODLAWN DRIVE ORLANDO, FL 32803			U0000079723 01/29/08-80065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRIT	Έ
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPAC	E
1 IT LE NAME STREET ADDRESS CITY - ST - ZIP		,			
TITLE NAME STREET ADDRESS CITY-SJ-ZIP					
indicated		de and accurate and that my signa ared to execute this report as requ		ed in Chapter 119, Florida Statutes. I further c e same legal effect as if made under oath; tha 07, Florida Statutes; and that my name appear	

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE: _